

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐Declaration
Submitted
With Initial
Filing

OR

☒Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

LANE-SEC-US

First Named Inventor

LANE, K.

COMPLETE IF KNOWN

Application Number

10/731,036

Filing Date

01/01/2004

Art Unit

2635

Examiner Name

TBD

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Secure personal RFID documents and method of use

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

12/09/2003

as United States Application Number or PCT International

Application Number

10/794,900

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number: OR ☒ Correspondence address below

Name

PATRICK REILLY

Address

BOX 7218

City

SANTA CRUZ

State

CA

ZIP

95061-7218

Country

USA

Telephone

831.332.7127

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

KATHLEEN

Family Name

or Surname

LANE

Inventor's
Signature

Kathleen Lane

Date

6/8/2004

Residence: City

LOS ALTOS HILLS

State

CA

Country

USA

Citizenship

USA

Mailing Address

10695 MAGDALENA AVE

City

LOS ALTOS HILLS

State

CA

ZIP

94024

Country

USA

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

WILLIAM

Family Name

or Surname

LANE

Inventor's
Signature

William Lane

Date

6/8/2004

Residence: City

LOS ALTOS HILLS

State

CA

Country

USA

Citizenship

USA

Mailing Address

10695 MAGDALENA AVE

City

LOS ALTOS HILLS

State

CA

ZIP

94024

Country

USA

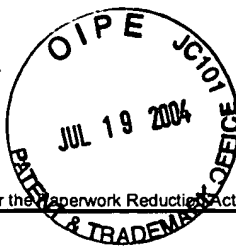
Additional inventors or a legal representative are being named on the ONE supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature <i>Raymond J. Stewart</i>		Date <i>6/28/04</i>	
Residence: City <i>MORGAN HILL</i>	State <i>CA</i>	Country <i>USA</i>	Citizenship <i>USA</i>
Mailing Address <i>16575 OAKVIEW CIRCLE</i>			
Mailing Address			
City <i>MORGAN HILL</i>	State <i>CA</i>	Zip <i>95037</i>	Country <i>USA</i>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (06-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	101731036
Filing Date	12/09/2003
First Named Inventor	
Title	PERSONAL RFID DOC'S
Art Unit	2635
Examiner Name	
Attorney Docket Number	LAW-SEC-US

I hereby appoint:

☐Practitioners associated with the Customer
Number:

OR

☒

Practitioner(s) named below:

Name	Registration Number
PATRICK REILLY	37,427

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Individual Name

PATRICK REILLY

Address

BOX 7218

Address

City

SANTA CRUZ

State

CA

Zip

95061-7218

Country

USA

Telephone

831.332.7127

Fax

I am the:

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Roger G. Stewart</i>	Date	6/28/04
Name	Roger G. Stewart	Telephone	408-718-2909
Title and Company	Swiland MacLain Associates		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒*Total of THREE forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (09-03)
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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/731,036
Filing Date	12/09/2003
First Named Inventor	LANE, K
Title	PERSONAL SECURE DOCS
Art Unit	2635
Examiner Name	
Attorney Docket Number	LANE-SEL-65

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
PATRICK REILLY	37,427

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	PATRICK REILLY				
Address	BOX 7218				
Address					
City	SANTA CRUZ	State	CA	Zip	95061-7218
Country	USA				
Telephone	831.332.7127	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	PATRICK LANE		
Signature	Patrick Lane		
Date	6/8/2004	Telephone	650-917-0155

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of THREE forms are submitted.

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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/731,036
Filing Date	12/09/2003
First Named Inventor	LANE, K.
Title	PERSONAL RFID CDC'S
Art Unit	2635
Examiner Name	
Attorney Docket Number	LANE-SEC-US

I hereby appoint:

☐

Practitioners associated with the Customer Number:

OR

☒

Practitioner(s) named below:

Name	Registration Number
PATRICK REILLY	37,427

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The address associated with the above-mentioned Customer Number:

OR

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The address associated with Customer Number:

OR

☒

Firm or Individual Name

PATRICK REILLY

Address

BOX 7218

Address

City

SANTA CRUZ

State

CA

Zip

95061-7218

Country

USA

Telephone

831.333.7127

Fax

I am the:

☒

Applicant/Inventor.

☐Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

WILLIAM H LANE

Signature

William H Lane

Date

8 Jan 2004

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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